

**ABNORMAL INVOLUNTARY MOVEMENT SCALE
(AIMS)**

WHEN: Is not required if information is documented in the progress note.

ON WHOM: All clients receiving anti-psychotic medication. For clients under sixty (60) years of age due once a year and for clients over sixty (60) years of age every six (6) months.

COMPLETED BY: M.D., D.O., or Registered Nurse.

MODE OF COMPLETION: Legibly handwritten or typed on forms HHSA:MHS-914.

REQUIRED ELEMENTS: Facial and oral movements, extremity movements, trunk movements, global judgments, dental status, response to medication.

BILLING: Write a progress note stating "completed the AIMS of date." *Note in the column the procedure code and the total number of minutes. Refer to billing record for appropriate procedure code. To calculate total numbers of minutes include preparation time, interview time, and documentation time. **Also** note in the column the number of minutes spent solely as face-to-face time (direct time).*

*For Example: Total: 120 Minutes
Direct: 60 Minutes*

If done in conjunction with Meds visit, include time in visit time.